

# Rangers in the Classroom Program Request

Please provide the following information to request a classroom program.

## 1. Contact Information

Lead Teacher	<input type="text"/>		
E-mail	<input type="text"/>	Phone	<input type="text"/>
School Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Phone	<input type="text"/>

## 2. Request Programs and Dates:

Program (Grades, Months)	Date - 1st Choice	Date - 2nd Choice	Date - 3rd Choice
<input type="checkbox"/> <b>Up, Up, and Away</b> (K-2) Oct, Nov, Jan			
<input type="checkbox"/> <b>Bear Essentials</b> (1-4) Feb - April			
<input type="checkbox"/> <b>Meet Your National Parks</b> (2-4) Oct - April			
<input type="checkbox"/> <b>How to Read a Skull Like an Open Book</b> (3-5) Jan - April			
<input type="checkbox"/> <b>Life in the Zone</b> (3-4) Oct, Nov, Jan			
<input type="checkbox"/> <b>Explore Your Watershed</b> (3-5) Jan - April			
<input type="checkbox"/> <b>Guess Hoo's for Dinner</b> (4-5) Oct, Nov, Jan			
<input type="checkbox"/> <b>Letters from the Landscape</b> (6-7) Jan - April			
<input type="checkbox"/> <b>Discover Your Changing Climate</b> (6-8) Jan - April <i>Prerequisites:</i> Life in the Zone AND Watershed			
<input type="checkbox"/> <b>S.P.R.O.U.T.S.</b> (6-8) Oct - April (2-part program) <i>Prerequisites:</i> Life in the Zone AND Watershed AND Discover Your Changing Climate	<i>Session A:</i>		
	<i>Session B:</i>		

## 3. Please tell us about the classes (maximum of 30 students per class) we will be visiting.

Use **one line per class**. For more than 4 classes, use a second request form.

Time	Grade	Room #	Teacher Name	# of Students
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Classroom Notes

- Does your classroom have a functioning projector that we may use? ☐ Yes ☐ No
- Do you have a computer with PowerPoint software that we may use? ☐ Yes ☐ No
- Will the presenter have a full hour? ☐ Yes ☐ No If "no," how much time?  minutes

For Park Use:	
<input type="checkbox"/> In Calendar	<input type="checkbox"/> Email Confirmation
<input type="checkbox"/> In Database	<input type="checkbox"/> Email 2 weeks out
Notes:	

E-mail your saved form to: [SEKI\\_RITC@nps.gov](mailto:SEKI_RITC@nps.gov)  
or fax to: 559-565-3730

**Privacy Act Statement**

Authority: The authority to collect information on the attached form is derived from 16 U.S.C. 5966, Commercial Use Authorizations. Purpose: The purposes of the system are (1) to assist NPS employees in managing the National Park Service Commercial Services program allowing commercial uses within a unit of the National Park System to ensure that business activities are conducted in a manner that complies with Federal laws and regulations; (2) to monitor resources that are or may be affected by the authorized commercial uses within a unit of the National Park System; (3) to track applicants and holders of commercial use authorizations who are planning to conduct or are conducting business within units of the National Park System; and (4) to provide to the public the description and contact information for businesses that provide services in national parks.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

Disclosure: Providing your information is voluntary, however, failure to provide the requested information may impede the processing of your commercial use authorization application.

**Paperwork Reduction Act Statement**

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 U.S.C. 101911). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number.

**Estimated Burden Statement**

We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Drive, MS-242 Rm. 2C114, Reston, VA 20192. Please do not submit your form to this address, but rather to the address at the top of the form.